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The Sanitary Code

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CHAPTER I

COMMUNICABLE DISEASES



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THE SANITARY CODE

INTRODUCTION.

The Sanitary Code is established under the authority granted by statute law and is supplementary thereto.

AUTHORIZING ACT.

The act creating a State Department of Health contains the following provisions relating to the establishment of a Sanitary Code: (*Chapter 391, Public Acts 1917*)

Section 1. A State Department of Health.

A department of health is created which shall have the authority and perform the duties conferred upon the state board of health. Such department shall consist of a commissioner of health and a public health council, with such directors of bureaus and officials as are hereinafter provided.

Section 5. A Sanitary Code.

Said council shall establish a sanitary code, and from time to time amend the same. The sanitary code may provide for the preservation and improvement of the public health. Each regulation adopted by said council shall state the date on which it takes effect, and a copy thereof, signed by the commissioner of health, shall be filed in the office of the secretary of the state, and a copy shall be sent by the commissioner of health to each health officer, and shall be published in such manner as said council may determine. Said council shall have authority to prescribe the qualifications of the directors of bureaus and all other appointees, and shall submit biennially to the governor, a report with such recommendations as it may deem advisable.

Section 6. Administration of Sanitary Code.

The commissioner of health shall employ the most efficient and practical means for the prevention and suppression of disease, and shall administer the health laws and the sanitary code, prepare rules and regulations for the council and, with the approval of the council, appoint and remove directors of bureaus, deputies, inspectors and other employees. He shall have authority over health officials, and may, for cause and with the consent of the council, remove any local health official,
* * * *.

Section 9. Enforcement of Sanitary Code.

Any local health officer, board of health or official charged with the enforcement of the health laws shall enforce or assist in the enforcement of the sanitary code and such rules and regulations as may be adopted by the council. Towns, cities and boroughs may retain the power to adopt sanitary rules and regulations heretofore granted by statute, but no such rule or regulation hereafter adopted shall be inconsistent with the sanitary code as adopted by the public health council. In any emergency when the health of any locality shall be menaced, or when any local board of health or health officer shall fail to comply with the recommendations of the state department of health, said department may enforce such quarantine regulations as may be required for the protection of the public health.

Section 11. Violations and Penalty.

County health officers shall prosecute for any violation of any provision of this act. Any person who shall violate any provision of this act, or of the sanitary code, shall be fined not more than one hundred dollars, or imprisoned not more than three months, or both.

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CHAPTER 1.

COMMUNICABLE DISEASES.

Regulation 1. Repeal of former regulations.

All rules and regulations heretofore adopted or approved by the state board of health relating to communicable diseases are hereby declared null and void.

Regulation 2. Certain words and terms defined.

The words and terms as used in this code are defined as follows:—

- (a) **Commissioner of health.** The term state commissioner of health means and includes acting state commissioner of health, deputy state commissioner of health, or any person legally authorized to act for the state commissioner of health.
- (b) **Local health officer.** The terms local health officer and local health authority mean and include town, city, borough and local district health officer, local superintendent and commissioner of health, and any officer or person having the usual powers and duties of a local health officer.
- (c) **Professional attendant.** The term professional attendant means and includes those regularly licensed to practice osteopathy, chiropractic, and any other person who makes a profession or business of giving aid or advice to others for the purpose of alleviating physical or mental distress.
- (d) **Communicable disease.** A communicable disease is a disease incited by the entrance into a body and the multiplication therein of disease-

producing organisms capable of being transmitted, directly or indirectly, to other persons or animals.

The term communicable disease embraces the common term contagious and infectious disease.

- (e) **Infectious agent.** An infectious agent is a living microorganism, capable, under favorable conditions, of inciting a communicable disease.

The words germ, organism, microorganism and infectious agent are used interchangeably.

- (f) **Incubation period.** The incubation period of a communicable disease is the interval which usually elapses between the entrance into the body of the disease-producing organism and the manifestation of the first symptoms of the disease.

- (g) **Period of communicability.** The period of communicability is the time during which a person affected with a communicable disease is capable of transmitting the infectious agent to others.

- (h) **Susceptibles.** A susceptible is a person or animal who is not known to be immune to a communicable disease.

- (i) **Immunes.** An immune is a person who is insusceptible to the influence of a particular infectious agent; such insusceptibility may be either natural or acquired. Acquired immunity follows recovery from an attack of a disease or successful vaccine or serum treatment.

- (j) **Contacts.** A contact is a person or animal that has been sufficiently near to an infected person, animal or thing to make probable the transmission of the infectious agent to him.

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- (k) **Carriers.** A carrier is one who harbors, in his body, the microorganisms of a communicable disease, but who, at the time, is apparently in good health. A carrier may convey the infectious agent to another person and, under favorable conditions, the germs may incite the disease in his own body.
- (l) **Cultures.** Cultures are growths of microorganisms propagated in or upon artificial media. The material for cultures is obtained from body fluids, secretions and excretions, for the purpose of determining the presence of disease-producing organisms.
- (m) **Quarantine.** Quarantine is a method of control accomplished by confining persons, animals, or materials within a designated area, and excluding other persons, animals, or materials from such area.
- (n) **Isolation.** Isolation consists of the limitation of the freedom of persons or animals who are presumably affected with, or carriers of, or who have been exposed to, communicable disease, and the taking of measures to secure the prompt and regular disinfection of all infected body secretions and excretions and of all infected or presumably infected materials.
- (o) **Restriction of movement.** Restriction of movement signifies the exclusion of an individual from school and places of public assembly, and the restriction, so far as possible, of his or her association with persons not known to be immune to the disease in question.
- (p) **Quarantine notice.** A quarantine notice consists of a written or printed order of the health officer, posted at one or more entrances, forbidding unauthorized persons to enter or leave a quarantined area.

- (q) **Placards.** A placard is an official notice, written or printed, posted as a warning of the presence of a communicable disease on the premises or in the apartment or room so placarded.
- (r) **Disinfection.** Disinfection is the process of destroying the vitality of disease-producing organisms by physical or chemical means.
- (s) **Concurrent disinfection.** Concurrent disinfection signifies the immediate disinfection and disposal of body discharges, and the immediate disinfection or destruction of all infected or presumably infected materials.
- (t) **Terminal disinfection.** Terminal disinfection signifies the precautions taken to destroy or remove infectious material after the removal of the patient or the termination of isolation or quarantine.
- (u) **Fumigation.** Fumigation is the use of disinfecting gas for the destruction of bacteria, insects and animals.
- (v) **Renovation.** Renovation consists of such repapering, painting, whitewashing, or other alteration of rooms or apartments as may be necessary to place the same in a proper sanitary condition.
- (w) **Cleansing.** Cleansing consists of the removal of possibly infectious material by scrubbing, washing and exposure to sunlight and air.

Regulation 3. Diseases declared communicable.

The term communicable disease shall include the following diseases, which are hereby declared to be infectious and communicable:

- Anthrax
- Cerebrospinal meningitis
- Chickenpox
- Cholera, Asiatic
- Conjunctivitis, infectious
- Diphtheria (all forms)
- Dysentery, amoebic
- Dysentery, bacillary
- Favus
- German measles
- Glanders
- Gonorrhoea
- Leprosy
- Malaria
- Measles
- Mumps
- Para-typhoid fever
- Plague
- Pneumonia, lobar
- Poliomyelitis
- Rabies
- Scarlet fever
- Septic sore throat
- Smallpox
- Syphilis
- Tetanus
- Trachoma
- Tuberculosis, pulmonary
- Tuberculosis, other forms
- Typhoid fever
- Typhus fever
- Whooping cough
- Yellow fever

Regulation 4. Diseases not enumerated.

Communicable diseases not specifically enumerated in the preceding section shall be reported and controlled in accordance with special instructions of the state department of health or, in the absence of such instructions, in accordance with orders and directions of the local health officer.

Regulation 5. Physicians to report communicable disease.

Every physician or professional attendant having under his care or observation a person affected with or apparently affected with a communicable disease, shall report to the health officer or other health authority within whose jurisdiction such patient is, the full name, age, address and occupation of the patient, with the name of the disease. Such report shall be made by telephone, if practicable, and also in writing within twelve hours after his recognition of the disease, *Provided*,

- (a) In reporting diseases of a venereal nature, a number shall be substituted for the name.
- (b) In reporting tuberculosis, the report shall be made within twenty-four hours.
- (c) In reporting anthrax, a duplicate report shall be sent to the commissioner of labor and factory inspection within forty-eight hours.

Regulation 6. Institutions to report communicable disease.

The superintendent or, if there be no superintendent, the person in charge of any hospital, dispensary or other institution having under its care or observation any person affected or apparently affected, with a communicable disease, shall report to the health officer or other health authority within whose jurisdiction such patient is, the full name, age, address and occupation of

the patient, with the name of the disease. Such report shall be made by telephone, if practicable, and also in writing within twelve hours after the recognition of the disease, *Provided*,

- (a) In reporting diseases of a venereal nature, a number shall be substituted for the name.
- (b) In reporting tuberculosis, the report shall be made within twenty-four hours.
- (c) In reporting anthrax, a duplicate report shall be sent to the commissioner of labor and factory inspection within forty-eight hours.

Regulation 7. Presumably communicable disease to be reported by physicians.

Every physician or professional attendant having under his care or observation a person with an illness presumably a communicable disease shall introduce such precautions as are necessary to prevent the spread of the infectious agent until a diagnosis is established, or report such case to the local health officer, *Provided*,

When an illness is presumably
Cerebrospinal meningitis
Diphtheria
Poliomyelitis
Scarlet fever
Smallpox
Typhoid fever

he shall report such suspected case to the local health officer without waiting for a diagnosis.

Regulation 8. Parents, guardians and householders to report suspected cases of communicable disease.

Every parent, guardian, or householder shall report immediately to the local health officer any case or suspected case of communicable disease existing among persons in the house or apartment under his care, and

give such further information as may be required; except when such case or suspected case is under the supervision of a licensed physician.

Regulation 9. Presumably communicable disease in schools to be reported.

The teacher of any public, private, parochial, or Sunday school, having under his or her care a pupil who appears to be affected with a disease presumably communicable, or a pupil who has been exposed, or presumably exposed, to such disease, shall immediately report the name and address of such pupil to the physician in charge of the school, or to the health officer; such report to be made directly or through the principal of said school. When such child is in attendance at school, it shall be promptly sent home or separated from other pupils until examined by the school physician or health officer. Any pupil excluded by reason of actually having, or having been exposed to, a communicable disease shall not be readmitted to school without the permission of the health officer.

Regulation 10. Presumably communicable disease in hotels, boarding and lodging houses, to be reported.

The proprietor or keeper of any hotel, boarding house or lodging house shall report forthwith to the local health officer any knowledge he may have relating to the illness or physical condition of any person, in the hotel or house under his control, who appears to be affected with a communicable disease, giving the name of such person; unless a licensed physician is in attendance upon such person.

Regulation 11. Nurses and persons in charge of camps to report presumably communicable disease.

Any visiting, school, industrial, public health nurse, or midwife, and any person in charge of a summer

camp or labor camp, having knowledge of a person affected with a disease presumably communicable, shall report at once to the local health officer within whose jurisdiction such case occurs, all known facts relating to the illness and physical condition of such person; unless such nurse or other person is acting under the immediate direction of a licensed physician.

Regulation 12. Masters of vessels to report presumably communicable disease.

The master or person in charge of any vessel lying within the jurisdiction of the state shall immediately report to the health officer at the nearest port or landing all known facts relating to the illness and physical condition of any person aboard such vessel affected with any disease presumably communicable.

Regulation 13. Presumably communicable disease on dairy farms, etc., to be reported

The owner or person in charge of every dairy, farm, or other establishment producing or handling milk, cream, or ice cream, for sale or distribution, shall immediately report to the local health officer any knowledge he may have regarding any person visiting or located on, in, or about such dairy, farm, or other establishment, who has, or who is suspected of having, a communicable disease; except when such person is under the care of a licensed physician.

Regulation 14. Incubation periods declared.

For the purpose of this code, the accepted periods of incubation of certain communicable diseases are hereby declared to be as follows, and shall be observed by health officers in controlling contacts and cases of presumably communicable disease; except where otherwise specified: (*Note 1.*)

(Incubation Periods)

Cerebrospinal meningitis	2 to 10 days (<i>Note 2</i>)
Chickenpox	2 to 3 weeks
Diphtheria (all forms)	Variable (<i>Note 2</i>)
Dysentery, amoebic	Unknown (<i>Note 3</i>)
Dysentery, bacillary	2 to 7 days (<i>Note 3</i>)
German measles	10 to 21 days
Glanders	Unknown (<i>Note 4</i>)
Measles	7 to 18 days
Mumps	4 to 25 days
Poliomyelitis	3 to 14 days
Scarlet fever	2 to 10 days
Septic sore throat	1 to 3 days
Smallpox	12 to 21 days (<i>Note 5</i>)
Typhoid fever	7 to 23 days (<i>Note 6</i>)
Whooping cough	Within 14 days

Note 1. The incubation period is apparently prolonged in certain instances, due to unusual resisting power of the mucous membranes or to the weak virulence of the organism.

Note 2. Contacts and suspicious cases of cerebrospinal meningitis and diphtheria should be released from observation only after at least two cultures taken on two different days from both the nose and throat are negative when tested for the specific organisms.

Note 3. Suspicious cases of amoebic and bacillary dysentery should be identified by frequent examinations of the stools for the presence of the amoeba or dysentery bacillus.

Note 4. Suspicious cases of glanders should be kept under observation until the diagnosis is determined by laboratory findings or by clinical symptoms.

Note 5. Smallpox contacts must be quarantined or held under close observation for the full period of incubation, unless there is good evidence and history of successful vaccination within five years. Contacts vaccinated subsequent to exposure shall be quarantined or held under observation until a successful vaccination is obtained, or until the expiration of the incubation period. Suspicious cases should be held under strict quarantine until a diagnosis is determined.

Note 6. Suspicious cases of typhoid fever should be held under observation until the diagnosis is determined by not less than two agglutination tests (Widal reaction), and clinical symptoms.

Regulation 15. Minimum periods of communicability declared.

For the purpose of this code, the minimum periods of communicability of certain diseases are hereby declared to be as follows, and shall be observed by health authorities in controlling cases of communicable disease:

Cerebrospinal meningitis	During the clinical course and until the specific organism is no longer present in the nose or mouth.
Chickenpox	Until primary scabs have disappeared.
Diphtheria (all forms)	Until the bacilli have disappeared from the secretions of the nose, throat and lesions. (Note 1)
Dysentery, amoebic	During the clinical course. (Note 2)
Dysentery, bacillary	During the clinical course. (Note 2.)
Favus	Until skin and scalp lesions are all healed.
German measles	Seven days from the onset of the disease.
Gonorrhoea	Until discharges show the absence of gonococci
Measles	Seven days from the onset of the disease. Particularly communicable during early catarrhal stage
Mumps	Unknown, but assumed to persist until the glands have returned to normal.
Para-typhoid	From the appearance of the earliest symptoms, throughout the illness, and during early convalescence.
Pneumonia (lobar)	During clinical course of disease.
Poliomyelitis	Probably not more than 21 days from the onset of the disease.

Scarlet fever	During the pre-eruptive stage and until all abnormal discharges have stopped and all open sores have healed, not less than three weeks from the onset of the disease.
Septic sore throat	During clinical course of the disease.
Smallpox	From first symptoms until disappearance of all scabs and crusts.
Syphilis	As long as open lesions of the skin or mucous membranes exist.
Trachoma	During the persistence of lesions of the conjunctivae.
Tuberculosis	As long as the specific organism is discharged. Commences when a lesion becomes an open one and continues until it heals or death occurs.
Typhoid fever	From the appearance of the earliest symptoms, throughout the illness, and during convalescence. (Note 2).
Whooping cough	Particularly communicable in the early catarrhal stages before the characteristic whoop makes the diagnosis possible, and during the active spasmodic stage of the disease, at least two weeks after the whooping begins.

Note 1. In cases where the organism persists for an unduly long time after convalescence, cultures should be submitted for a virulence test to a laboratory approved by the state department of health, or the advice of the state department should be sought.

Note 2. It is desirable where possible, to release cases of
Dysentery, amoebic
Dysentery, bacillary
Typhoid fever

only after the disappearance of the infective organisms has been shown by laboratory examinations of the excreta.

Regulation 16. Reports by the health officer to the state department of health.

The local health officer shall report in writing within twenty-four hours to the state department of health, on the forms provided by the state department of health, every case of communicable disease of which he has knowledge, occurring within his jurisdiction or on the waters adjacent thereto; and on or before the eighth of each month, the total number of cases of each communicable disease reported to him during the preceding month, with such other information as may be required by the state department of health.

Regulation 17. Special reports by telephone or telegraph.

Any local health officer having knowledge of a case or suspected case of

Anthrax	Plague
Cholera, asiatic	Typhus fever
Glanders	Yellow fever
Leprosy	

shall immediately report such case to the office of the state commissioner of health by telephone or telegraph; and having knowledge of a case, or suspected case of

Cerebrospinal meningitis	Poliomyelitis
Diphtheria	Scarlet fever
Dysentery, amoebic	Septic sore throat
Dysentery, bacillary	Smallpox
Para-typhoid	Typhoid fever

shall, when such case resides on, or is connected with, any farm, dairy or other establishment where milk, cream or ice cream is produced or handled, and the products therefrom are sold or consumed elsewhere than within his jurisdiction, immediately report to the state commissioner of health, giving the name and location of such farm, dairy or establishment and the place or places where said products are sold or consumed.

Regulation 18. General measures for control of communicable diseases.

The local health officer, in instituting measures for the control of communicable disease,

- (a) shall make, or cause to be made, such investigation as may be necessary for the purpose of securing data regarding contacts and, if possible, the time, place, and source of infection;
- (b) shall establish and maintain quarantine, isolation or such other measures for control as required by statute, the sanitary code, or special instructions of the state department of health;
- (c) shall provide, directly or indirectly, for the instruction of persons affected, and their attendants, in the proper methods of concurrent disinfection;
- (d) shall make, at intervals during the period of communicability, inquiry or investigation to satisfy himself that the measures instituted by him for the protection of others are being properly observed;
- (e) shall introduce such other measures, consistent with the sanitary code and the instructions of the state department of health, as may be deemed advisable because of wide-spread infection or threatened epidemic.

Regulation 19. General measures for control of presumably communicable disease.

It shall be the duty of the health officer on receiving a report of a disease presumably communicable to confer with the physician or other person making such report, make such further examination or investigation as he deems necessary, and advise, recommend or establish such isolation measures as may be necessary to protect public health until the character of the disease is definitely determined.

Regulation 20. Methods of isolation of certain diseases.

The local health officer upon receiving a report of a case of any of the diseases designated in this regulation shall promptly institute and maintain control during the period of communicability by the method hereinafter designated:

(a) when the disease is

Anthrax	Plague
Cholera, asiatic	Typhus fever
Glanders	Yellow fever
Leprosy	

the premises where such disease exists shall be placarded and all occupants and frequenters of the same shall be quarantined until specific directions are received from the state commissioner of health;

(b) when the disease is

Diphtheria	Scarlet fever
Poliomyelitis	Smallpox

the apartment or premises where such disease exists shall be placarded and the affected person and attendants shall be isolated and quarantined therein;

(c) when the disease is

Cerebrospinal meningitis	Para-typhoid fever
Chickenpox	Pneumonia, lobar
Dysentery, amoebic	Septic sore throat
Dysentery, bacillary	Typhoid fever
Measles	

the room or apartment where such disease exists, shall be placarded and the affected person shall be effectively isolated without quarantine;

(d) when the disease is

Conjunctivitis (infectious)	Rabies
Favus	Trachoma
German measles	Whooping cough
Mumps	

the person affected shall be subjected to restriction of movement, without placard of the room or premises and without quarantine.

(e) When the disease is

Gonorrhoea	Tuberculosis
Syphilis	

the person affected shall when necessary be isolated or restricted in accordance with statute law and specific regulations in this chapter of the sanitary code;

Provided,

(1) when a case of any of the diseases mentioned in this regulation is under hospital care satisfactory to the health officer, quarantine restrictions and placard may be omitted.

(2) when chickenpox or measles is epidemic placarding may be omitted by order of the health officer after notice to the state commissioner of health.

(3) when two or more rooms in any house are considered by the health officer to be satisfactory for the isolation of

Diphtheria
Poliomyelitis
Scarlet fever

they may be considered as an apartment.

(4) when a health officer finds it impossible to maintain proper control of any individual case of communicable disease by the methods designated, he may quarantine and placard or employ such other measures as are proper for the protection of public health, reporting such action to the state commissioner of health.

Regulation 21. Methods of isolation of contacts.

It shall be the duty of the health officer in instituting measures for the control of contacts of

Cerebrospinal meningitis	Poliomyelitis
Chickenpox	Scarlet fever
Diphtheria	Smallpox
Measles	Whooping cough
Mumps	

to isolate or restrict the movements of such contacts in the manner prescribed for the disease to which the contact had been exposed, for a period of time equivalent to the maximum period of incubation of said disease, except where laboratory methods determine the absence of the disease at an earlier date. The health officer may modify the restrictions placed upon contacts when such contacts are known to be immunes, and adult contacts of cases of chickenpox and whooping cough may ordinarily be treated as immunes. (*See Regulation 14.*)

Regulation 22. Presumably exposed persons may be examined and controlled.

When a health officer has reasonable grounds to believe that a person or persons may have been exposed to a communicable disease, he may control them as known contacts, making such examinations and adopting such measures as he deems necessary and proper for the protection of public health and the prevention of the spreading of disease.

Regulation 23. Methods of isolation of carriers.

Carriers of the infectious agent of

Cholera, asiatic
Dysentery, bacillary
Para-typhoid
Typhoid fever

shall be controlled by isolation or restriction of movement until repeated examinations of excreta show the absence of the infectious agent.

Carriers of the infectious agent of
Diphtheria

shall be isolated until two successive cultures from both the nose and throat, taken at least twenty-four hours apart, show the absence of the Klebs-Loeffler bacillus.

(See Regulation 15, Note 1)

Carriers of the infectious agent of
Cerebrospinal meningitis

shall be isolated until examination of the nasal and throat discharges show the absence of the specific diplococcus.

Regulation 24. Removal to hospital of certain cases.

When in the opinion of the health officer or the state commissioner of health proper isolation or, quarantine of an affected person or persons, carrier, or contact is not, or cannot be effectively maintained on the premises occupied by such person or persons by methods designated in this chapter, he may remove or require the removal of such person or persons to a hospital or other proper place designated by him; or he may employ such guards or officers as may be necessary to maintain effective isolation or quarantine.

Regulation 25. Health officer to give specific instructions.

It shall be the duty of the local health officer or other health authority, in instituting measures for the control of communicable diseases, to supply, directly or indirectly, such information and literature as may be required by law and the instructions of the state department of health, and when possible to issue instructions and orders in writing or on printed forms. Quarantine notices and placards should be so placed as to effectively warn and protect.

Regulation 26. Use of milk and water containers restricted.

It shall be the duty of the health officer in charge of a case or suspected case of

Cerebrospinal meningitis	Smallpox
Diphtheria	Para-typhoid
Dysentery	Poliomyelitis
Scarlet fever	Typhoid fever
Septic sore throat	

to forbid the return of milk or water containers to the distributor when such containers have been within a quarantined area, or have been handled or presumably handled by anyone in attendance upon a person affected, or believed to be affected, with any one of the diseases mentioned, until the termination of the disease or the removal of the patient, at which time empty containers may be returned after being sterilized by boiling water or live steam, or in any other manner satisfactory to the health officer.

Regulation 27. Food and food handlers restricted.

When a case of any of the diseases mentioned in the preceding regulation, or a case of tuberculosis, gonorrhoea or syphilis, occurs on the premises where milk or food likely to be consumed without subsequent cooking is produced, kept, handled, or sold, it shall be the duty of the health officer to institute such measures as he deems necessary to protect such foods from being contaminated; and he shall require all uninfected persons who reside on premises where any such disease exists and who handle milk or food elsewhere, to remain away from such premises so long as the disease is present.

Regulation 28. Concurrent disinfection.

It shall be the duty of the physician in attendance on any case or suspected case of

Cholera, asiatic
Dysentery, amoebic or bacillary

Para-typhoid fever

Typhoid fever

to give detailed instructions to the nurse or other person in attendance in regard to the disinfection and disposal of the urine and bowel discharges;

and it shall be the duty of the physician in attendance on any case or suspected case of

Cerebrospinal meningitis

Diphtheria

Measles

Pneumonia, lobar

Poliomyelitis

Scarlet fever

Septic sore throat

Smallpox

Whooping cough

to give detailed instructions to the nurse or other person in attendance in regard to the disinfection and disposal of the discharges from the nose and mouth and any suppurative discharges or lesions which may occur.

Such instructions should be given on the first visit and should conform to the special rules and regulations of the state department of health. It shall be the duty of the nurse or person in charge to carry out the disinfection in detail until isolation is terminated by the local health officer.

Regulation 29. Terminal disinfection.

It shall be the duty of the health officer when a case of communicable disease ceases to be infectious or after the death or removal of such case, to institute and have properly executed such terminal disinfection and cleansing as may be necessary as an added precaution, but terminal disinfection should in no case be employed as a substitute for concurrent disinfection.

Cleansing with soap and water, sterilization with boiling water or steam, and the use of antiseptic solutions should be employed where practicable.

Renovation may be required in certain cases.

Fumigation alone should not be depended upon, and should rarely be employed except in insect-borne diseases.

Regulation 30. Measures for control in schools.

It shall be the duty of the health officer in the event of an outbreak of a communicable disease in any public, private, parochial, or Sunday school to make a prompt and thorough investigation and, where possible, to control such outbreak by individual examinations of pupils and teachers and, in certain cases, by the taking of cultures, employing such assistance as may be necessary.

When any school child has been affected with, or is a carrier of, a communicable disease, or has been excluded from school because of having been in contact with a communicable disease, it shall be the duty of the health officer to issue to such child a permit to re-enter school, when in his opinion such child is no longer infectious.

In the event of an outbreak of a communicable disease in any school, school physicians and school nurses must conform to the orders, regulations and restrictions imposed by the local health officers.

Regulation 31. General measures for control — common carriers.

In the event of the epidemic prevalence of a communicable disease, and a written declaration to that effect having been made by the state commissioner of health, it shall be the duty of any common carrier operating within the state, or on the waters thereof, to strictly comply with any order issued by the state commissioner of health for the purpose of preventing the introduction into the state, or the transmission from one point to another within the state, of any person or persons, animals, insects or materials liable to convey the disease.

Regulation 32. Observance of quarantine and instructions.

Every person, who is affected with a communicable disease, who is a carrier of the germs of a communicable disease, or who is suspected of having come in contact, directly or indirectly, with a case of communicable disease, shall strictly observe and comply with all orders, quarantine regulations and restrictions given or imposed by the local health authority or the state commissioner of health, in conformity with law.

Regulation 33. Invasion of quarantined areas and needless exposure of others.

No person other than the attending physicians and authorized attendants shall enter, and no one shall permit any other person to enter, any room, apartment, or premises quarantined for a communicable disease, nor shall any person needlessly expose a child or other person to a communicable disease.

No person shall remove any article from a quarantined area without the permission of the health authority.

Regulation 34. Duty of health officer when infected persons leave his jurisdiction without permission.

It shall be the duty of the local health officer to immediately report to the state commissioner of health by telegraph or telephone the name, address, probable destination and route of departure of any person who is affected with, or has presumably been exposed to any one of the following diseases, and who has left his jurisdiction without his consent;

Anthrax	Poliomyelitis
Cholera	Scarlet fever
Diphtheria	Smallpox
Glanders	Typhoid fever
Leprosy	Typhus fever
Plague	Yellow fever

Regulation 35. Method of control of tuberculosis.

When a licensed physician or hospital superintendent reports a case of tuberculosis and agrees to assume the responsibility for the proper instruction of the patient and the taking of measures necessary for the protection of others, the health officer need not take action other than prescribed by chapter 79 Public Acts 1909.

Every physician thus assuming the control of a case of tuberculosis shall report to the local health officer on or before the first day of each month, stating whether or not such case is still under his care, and if such report is not made, the health officer shall investigate and take such measures as he deems necessary for the protection of public health.

When a physician or hospital superintendent declines to assume such responsibility, it shall be the duty of the health officer to supply the afflicted person with printed instructions and take such other action as may be necessary and proper for the protection of public health.

Regulation 36. Control of refractory persons affected with tuberculosis.

When it comes to the attention of a health officer that a person is affected with tuberculosis and is a menace to the public health or is liable to jeopardize the health of any person or persons in or on the premises occupied or frequented by the affected person, he shall immediately investigate and take proper measures to prevent the spread of such disease for the protection of public health, and if necessary may cause the removal of such person to an isolation hospital or other proper place, there to be received and kept until he shall no longer be a menace to the public health.

Regulation 37. The control of venereal disease.

When any physician or hospital superintendent reporting a case of gonorrhoea or syphilis agrees in writing to assume the responsibility for the proper instruction of

the patient, the health officer shall supply such physician or hospital superintendent with printed instructions for such patient.

It shall be the duty of the physician or hospital superintendent who has thus signified his willingness to assume control of such patient, to report to the local health officer on or before the first of each month a statement to the effect that such patient is or is not still under his care. When such patient neglects or refuses to follow the prescribed instructions, discontinues treatment, or is discharged as cured, the physician or superintendent shall immediately notify the health officer.

In investigating cases or suspected cases of the above mentioned diseases, the health officer shall treat all information as confidential, but such course shall not preclude the making of reports to the state department of health.

Regulation 38. Control of careless or refractory persons affected with venereal diseases.

When it comes to the attention of a health officer that a person is suffering or presumably suffering from gonorrhea or syphilis in an actively contagious form and is liable to jeopardize the health of any person or persons in or on the premises occupied or frequented by the affected person, he shall immediately investigate and take proper measures to prevent the spread of such disease for the protection of public health, and he shall direct such person to report regularly for treatment to a licensed physician or to a public clinic, if facilities for clinical treatment are available, there to be treated until such person is free from infectious discharges. If such person refuses or fails to submit to such treatment and if, in the opinion of the health officer, such person is a menace to public health, it shall be the duty of the health officer to order the removal of such person to an isolation hospital or other proper place there to be received and kept until he shall no longer be a menace to public health.

Regulation 39. Examinations by approved laboratories may be required.

When the control or release of a case, contact or carrier of a communicable disease is dependent upon laboratory findings, the health officer may require such findings to be obtained by a state department of health laboratory or a laboratory approved by the state department of health. The health officer shall by himself or his agent secure and submit final cultures or specimens for examination.

Regulation 40. Laboratories must register. Approved laboratories.

Every person, firm or corporation operating or maintaining a laboratory in which body fluids, secretions or excretions are examined for the determination of the presence or absence of an infectious agent in the material examined or in the person or animal from which it was secured, shall register annually with the state department of health giving the name of such laboratory, its location, and the name of the person or persons owning or operating the same. Laboratories operated by physicians for their personal convenience need not register.

Laboratories which, after inspection, are found to conform to the standards required by the state department of health will be given a certificate of approval, and such laboratories will there-after be designated as approved laboratories.

Regulation 41. Laboratories must report positive findings.

Every physician or person who makes an examination of any body fluid, secretion or excretion, and finds evidence indicating the probable existence of a communicable disease in the body from which the fluid, secretion or excretion was obtained, shall report within twelve hours of such finding to the local health officer of the town from which such specimen or culture was obtained, giving, the name and address of the person or persons for whom such examination or test was made.

Regulation 42. Druggists and others must report sales of antitoxin.

The owner or manager of every drug store and every other person who sells or distributes diphtheria antitoxin or anti-meningitic serum shall immediately record such transaction in a book kept for that purpose and also report to the local health officer within twelve hours giving the amount of the antitoxin or serum sold or distributed and the name of the person to whom delivered. Such record books shall be open to the inspection of health officers at all reasonable hours.

Regulation 43. Duty of health officer to quarantined persons in need.

When a person under quarantine is, in the opinion of the health officer, unable to obtain medical care, food, or other actual necessities, it shall be the duty of the health officer to report his findings to the proper town, city or borough authority. Should such town, city or borough authority fail at once to supply the needed care it shall be the duty of the health officer to supply such quarantined person with medical attention, food and other actual necessities, and the expense incurred in performing such duty shall constitute a legal expense of the health officer.

Regulation 44. Undertakers to report deaths from communicable diseases.

Within twelve hours after being called to take charge of a body dead of a communicable disease, the undertaker shall report the case to the local health officer, and he shall prepare such body for burial in accordance with the regulations of the state department of health.

Regulation 45. Funerals of those dead of certain communicable diseases.

Funerals of those dead of

Cerebrospinal meningitis	Poliomyelitis
Cholera	Scarlet fever

Diphtheria	Septic sore throat
Glanders	Smallpox
Leprosy	Typhoid
Plague	Typhus fever

when conducted in or on the premises where such deceased person died shall be attended only by the members of the immediate household, the clergyman and the undertaker with his assistants; when held from a place other than where such a person died, the health officer may, if the body has been embalmed and is permanently enclosed to his satisfaction, permit a public funeral, provided such persons as may be carriers of the infection by reason of contact shall be forbidden to attend such funeral. Bodies dead of the diseases mentioned, if not embalmed, must be buried within twenty-four hours.

Regulation 46. Unusual conditions to be controlled by the state department of health.

When an unusual or rare disease occurs in any part of the state, or when any disease becomes so prevalent as to endanger the state as a whole, it shall be the duty of the health officer, upon request of the commissioner of health, to co-operate with the representatives of the state department of health acting under the direction of the state commissioner of health.

Regulation 47 When certain regulations become effective.

Regulations 1 to 47 of this chapter shall take effect on the first day of March 1918.

I hereby certify that Regulations One to Forty-seven, inclusive, of the Sanitary Code were adopted by the Public Health Council at a legal meeting held on the twenty-seventh day of February, 1918; and that a copy of each regulation as adopted was filed with the Secretary of State on the first day of March, nineteen hundred eighteen.

(Signed) JOHN T. BLACK,

Commissioner of Health.

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Accession no.

Connecticut State
Author Dept. of Health

The sanitary code
11 Chapter I

Call no. RA 34

HIST C1
1918 11

